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CONFIRMATION NO. 2877

|  |   |                                  |   |  |                                |
|--|---|----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/518,759   | <b>FILING OR 371(c) DATE</b><br>12/21/2004<br><b>RULE</b>   | <b>CLASS</b><br>514              | <b>GROUP ART UNIT</b><br>1614   | <b>ATTORNEY DOCKET NO.</b><br>58777.000017 |                                |
| <b>APPLICANTS</b><br>Takekuni Nakama, Kurume-shi, JAPAN;   |   |                                  |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP03/17031 12/26/2003  |   |                                  |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2002-375892 12/26/2002   |   |                                  |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>11                  | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>21967  |   |                                  |   |  |                                |
| <b>TITLE</b><br>Remedy for pemphigoid  |   |                                  |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |